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PATENT  
ATTORNEY DOCKET NO. SCRIP1160-4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Carlos F. Barbas III et al. Art Unit: 1636  
Serial No.: 09/500,700 Examiner: G. Leffers, Jr.  
Filed: February 9, 2000  
Title: ZINC FINGER PROTEIN DERIVATIVES AND METHODS THEREFOR

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Commissioner for Patents  
Washington, D.C. 20231

TRANSMITTAL SHEET

Sir:

Transmitted herewith for the above-identified application please find:

- (1) Amendment in Response to the Office Action mailed December 5, 2000 with Exhibit A (14 pages);
- (2) Petition for Three (3) Months Extension of Time (2 pages);
- (3) Information Disclosure Statement (2 pages);
- (4) PTO 1449 (5 pages);
- (5) U.S. Patent Documents (21 references);
- (6) Foreign Patent Documents (14 references);
- (7) Other Art (86 references);
- (8) Sequence Listing (23 pages);
- (9) Diskette;
- (10) Verified Statement under 37 C.F.R. 1.821(f);
- (11) Statement Under 37 C.F.R. §§ 1.821(f) and (g);
- (12) Check in the amount of \$1130.00; and
- (2) Return postcard.

**CERTIFICATION UNDER 37 CFR §1.8**

I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, 5-31-01, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Alina N. Neri  
Name \_\_\_\_\_  
Person Mailing Paper \_\_\_\_\_

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The Fee for this Response is calculated as follows:

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims	Large Entity Rate	Small Entity Rate	Calculations
Total Claims	18	40	0	x \$18.00	x \$9.00	\$0.00
Independent Claims	3	5	0	x \$80.00	x \$40.00	\$0.00
Multiple Claims				\$270.00	\$135.00	\$0.00
					TOTAL FEE	\$0.00

X Enclosed is a check in the amount of the total fee of \$1,130.00 (\$240.00 for surcharge for filing Information Disclosure Statement after receipt of office action and \$890.00 for Petition for Three (3) Months Extension of Time. Please charge any additional fees that may be associated with this communication or credit any overpayment to Deposit Account No. 50-1355. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: 5/31/01

  
\_\_\_\_\_  
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